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Communications.

CASE OF FATTY DEGENERATION OF THE LIVER.

By James B. Burnet, M. D.,

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Andon Holeknechid, a native of Germany, 32 years of age, and married, came into Ward 32 of Bellevue Hospital during the summer of 1866. He gave the following history of himself and family: His father died at 42 years of age, from the effects of an amputation of one of his lower extremities; his mother is still alive and healthy, living in Germany, and although nearly sixty years of age, still retains the vigor of youth. He has one brother, who is healthy, and grown up to manhood. There is no known hereditary disease in the family. He has been married for several years, and has two robust children. His occupation was formerly that of a tanner, but latterly he has been a brewer. He has never worked any more than he possibly could, as he loves his ease too much. He never had the venereal disease in any shape or form, and never had any sickness whatever, so far as he knows, but always was a strong and well man up to six weeks before he came into the hospital. At this period he first noticed a feeling of lassitude creeping over him—he easily became tired, and his legs would give out when he took a long walk. He became listless and inattentive, he felt weak and feeble, and yet he felt no pain, and all the while was gaining flesh.

This he could not understand. He objected to exercise, and wanted to sleep the best part of the time. At times he was obliged to relinquish his occupation on account of his weakness, and had often to lie by for half a day or so. A dull heavy pain soon made its appearance in the middle of the epigastrium and on the right side, under the border of the ribs. He felt a constant weight there. Whenever he partook of any food, even though it might be of the lightest character and very small in quantity, he became conscious of a burdened sensation in his epigastric region, as if he had eaten a most hearty and heavy meal. Oftentimes he would vomit his food or water as soon as they were taken into the stomach. The character of the articles vomited was apparently unchanged. His bowels were very loose, he sometimes going to the water-closet as often as fifteen times in the course of the twenty-four hours. His diarrhœa gave him just as much trouble at night as it did during the day. The fæces were very offensive, sometimes of a light, and sometimes of a yellowish-dark color, and liquid. No blood and no slime were passed however; he had no tenesmus, no fever, and no pain. Before this, his bowels had always been very regular. He passed his urine at this time very frequently, generally having to get up twice during the night for this purpose, but only passing a very small quantity each time. The color of his urine was abnormally yellow. He had no appetite whatever, but loathed what had formerly been his favorite dishes. For a number of years he had been in the habit of drinking one glass of whiskey before his breakfast, but he took no more of this particular kind of liquor during the rest of the day. He has, moreover, been accustomed to indulge very freely in ale, beer, and wines, for the last eight years. Occasionally he became intoxicated, but not very often. Never has he been troubled with the delirium tremens. Generally he drank twenty glasses of beer per day, it taking four glasses to make a quart. As a general rule, then, he drank from five to six quarts in the course of the day. This was his history when he came into the ward.

Present Condition. When first seen, he was very slightly jaundiced; especially was this perceptible in the sclerotic coats of his eyes. He presented a pale, bloodless-look, sort of a pasty complexion. He was a large, powerful, and splendidly formed man, five feet ten and one-half inches in height, and a man apparently of great muscular ability. He was also bountifully provided with fat. His feet, and legs, nearly as high as the knees, were considerably œdematous, and had been in that condition for seven or eight days previous to his admission to the hospital.

There was also a slight swelling under the eyelids, which he had not himself previously noticed. His countenance was intelligent; his eyes bright; tongue slightly coated; pulse normal in character and frequency, although it might be called rather feeble for a man of his proportions. Temperature of hands and feet rather below the healthy standard; temperature of the rest of the body normal. His chest was broad, with much fat deposited upon it. Heart was normal in size, with its sounds healthy and regular. Lungs were in a fine condition. No abnormal configuration of the chest; he had never had a cough; had never spit any blood, and all thoracic disease was excluded. On exposing his abdomen, the first thing that attracted my attention was an unnatural prominence occupying the epigastrium almost entirely. This prominence presented dulness on percussion, and by placing the patient flat upon his back, and making him flex his legs upon his thighs, and his thighs upon his abdomen, the abdominal walls were relaxed, and although there was considerable adipose tissue interposed between the tumor and my fingers, still the outlines of it could be distinctly traced, and it was found to be very smooth to the touch. Its edges were rounded. It extended over to the border of the ribs on the left side, and considerably below the free border of the ribs on the right side. It was evidently connected with the liver. No pulsation was discernible in it, no thrill, no bruit. Aneurism was thus excluded. No nodules were to be found; no cancerous cachexia was present; the history of the patient and the nature of the pain were against it, and accordingly carcinoma of the liver was excluded. The man had never had dysentery (his intestinal trouble before described evidently not being of this nature); and I may here remark, that every patient with abscess of the liver with whom I have met, *has* given a history of dysentery, with only one exception; no fluctuation could be discovered; he gave none of the prominent symptoms of the disease, and consequently abscess was excluded. There being no ascites, and as the patient gave no symptoms of scrofula, and had never had syphilis, or taken mercury, waxy degeneration was excluded.

By a similar train of reasoning, every cause of enlargement of this gland was excluded, until nothing whatever remained but fatty degeneration. Now almost every symptom pointed to this. I have never met with a clearer history of this disease than the present one; for it is a well known fact, that the symptoms in this complaint are much more often of a negative rather than of a positive character. But here, the indolent drinking life of the man, the gastric difficulty, the feeling of heaviness in the epigastrium and right hypochondrium, the offensive diarrhœa—although it is true that constipation is a more constant symptom—his pasty complexion, his anæmia, and last, but not least, the physical signs of the disease, which are of such immense value, all pointed to the *diagnosis of fatty degeneration of the liver*, which was made.

Treatment. The patient, in the first place, had his diet strictly regulated, he being allowed animal food plainly cooked, but being deprived of all sugars, fats, starchy food, and all alcoholic potations. He was kept in the open air the greater part of the day, and encouraged to take the most active exercise. He was given all the work that his strength would permit him to perform, and instructed how to employ gymnastic exercises. Morning and evening, for half an hour at a time, vigorous friction was used over the enlarged liver with the naked hand. After his bowels became more regular and natural than they were when he first entered the ward, which they soon did under mild astringents and a regulated diet, one-half a grain of podophyllin was given him each day before his breakfast. This medicine was given because it is reputed to increase the secretion of bile in the liver. He also drank freely of the "bitter water" of the Germans, and took three times a day twenty drops of the syrup ferri iodidi. He moreover had a cold shower-bath every morning, and had the whole surface of his body thoroughly rubbed with coarse towels. The improvement was slow but sure. His anæmic look gradually disappeared; the scleroticæ lost to a great extent their yellow hue; his bowels and urine became regular; his lassitude disappeared, together with the epigastric heaviness, and his old and persistent vomiting troubled him no more. There was not a more active man to be found in the ward, or one more ready to put his hand to any work. His appetite became very good. His fæces lost their peculiarly offensive odor, and he had no longer to arise at night for the purpose of passing his water.

By September 25th he felt so well that he wanted to go to work again, and accordingly was discharged, but before he left I made a most thorough and careful examination of the liver, and found it considerably and very perceptibly smaller than when it was first examined, but of course still much increased in size, as its decrease must be the work of time. No œdema of feet or legs was to be found; he had worked off a great

deal of his superfluous fat, and he felt in a most perfect state of health.

Remarks. After I had made the diagnosis of fatty degeneration of the liver, from the œdema of the lower extremities, and the puffiness under the eyelids, I feared lest the kidneys might also be in a similar condition, but repeated and rigid chemical and microscopical examinations of the urine have failed to detect either the slightest traces of albumen, or casts of any description. Being therefore of the opinion that the fatty liver is his only trouble, I have strong hopes that this is a proper case for a complete cure, if he will only persevere in his active training, avoiding all liquors, and living according to the advice that has been given him. The training that prize-fighters are obliged to submit to would be just the kind of training and exercise that he needs. The indication in this case is to eliminate the excess of fat from the hepatic cells, before the liver becomes disorganized in its minute elements.

Now that he is no longer under our immediate care, he has been directed to take small doses of iodide of potassium regularly, to drink of the Kissengen waters, to be much in the open air, to join a gymnasium, and to report once a month or so to me for examination and advice. At some future period therefore I may have an opportunity of reporting further upon his case, which has been to me one of peculiar interest.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. Banning, M. D.,

Of New York.

(Continued from p. 278.)

Objections Considered.

Philosophical as is this reasoning, and sweeping as is its attendant train of incontestable *facts*, there are those who, with a toss of the head, reject the whole as unworthy the consideration of mature minds, for a moment, on the score of its impossibility. Said the editor of a very respectable medical journal, "Doctor, your theory of curing uterine displacements by external support is really very fine; very ingenious; but I don't believe a word in it. The truth is, that in a course of articles, with drawings, I have settled the whole question, and proved the utter *impossibility* of the thing." "There, Doctor," (exhibiting his drawing,) "don't you see that even in the normal, and much more in the prolapsed state, the uterus is located so low that no external support can possibly get hold, so as to raise it; the fact is, it must rather hold it down." He then moved the previous question, and the whole subject was settled. But I could not but think it a pity that so much good wind should have been wasted in proving what nobody denies, and also that my enlightener had not learned that there is no falsity equal in mischief to that of *truth*, when perverted or misapplied. The truth is that this objection *fires so wide of the mark as to be totally irrelevant.* Were it our proposition, that any form of abdominal support would actually support the uterus *directly*, that would be one thing, but our proposition is, that muscular laxity and a consequent undue visceral descent produces or maintains prolapsus, and that our combination of abdominal and spinal support so imitates the abdominal and dorsal muscles as to diminish the superincumbent burden, and wholly or partially re-enfranchise the uterine ligaments, just as a sinking ship rights up on throwing overboard only a portion of her cargo.

Thus much for the force of the editor's squelching objection. But, if you admit the pertinence of the objection for a moment, it cannot set aside the overbearing and incontestable cures which follow the judicious application of external support. These are patent, and stand and contest the objector. And I submit that inasmuch as other treatments have done and promise to do so little, it is the part of wisdom (if not of logic) to accept the facts on their own account. Philosophy is ever true, but may be misapplied; but *established facts* are always scientific; and, whilst upon this point, I venture to whisper to the student, and to the very young practitioner, that *any means whatever*, which most *surely cures*, should outweigh the most illustrious opposing authority in our election of remedies; for it is the *facts* of important discoveries which usually first appear, afterward their philosophy.

Other gentlemen assert with great doggedness the non-feasibility of abdominal support, on the score that, admitting undue visceral descent to be the agent in maintaining prolapsus, external support cannot possibly remove it, inasmuch as all such appliances must rather *press* than lift; and hence, that whilst they may give some general sense of support, such as the *corset* furnishes, the action, like that of the corset, must be illusory and injurious in the ratio of its use. To this there are several things to be said: And first, if this sweeping statement be true, *per se*, then it proves too much. for then it must be equally true that the more erect the body, and

tense and strong the abdominal and dorsal muscles, the greater must be the prolapsus from visceral descent, for the scientific support in question immediately restores the form and the bearings of Fig. 1, in which form and bearings no prolapsus occurs, whereas, that of Fig. 2, is the one which accompanies visceral descent. But to deal less summarily with the objection, Fig. 2, represents the ordinary case of prolapsus, where the medial plane of the pelvis is comparatively flat, like a dish, and presents a large surface to visceral pressure.

The small of the back has retreated, the upper trunk has settled, and the abdominal muscles are flabbed. Now if we apply an *ordinary squeezing* support at the base of the abdomen, without repoising the shoulders behind the spinal point, and without tensing the abdominal muscles, by rendering oblique the pelvis, it is certainly true, that the objection will be in force; it cannot well be otherwise. But in the premises the case is far different, for the brace is obliged, not to squeeze, but to lift upward and backward, and restore the form and bearings of Fig. 1, by erecting the trunk, restoring the form of the spine, depressing the pubes, and of consequence, tensing the muscles, and elevating the viscera; for in the latter case, the antero-posterior abdominal distance is comparatively much less than in that of Fig. 2; and besides, the abdominal floor is oblique, and not horizontal, thereby favoring upward action.

We see, then, that the force of this objection also is dissipated; first, because if it is real and proves anything, it proves too much; and 2d, because our support acts, not so much by force upon the *viscera*, as by so restoring the natural bearings, as to compel nature to remove the visceral incubus.

But a larger class of respectable objectors step with indifference completely over these two objections, and take the broad ground, that no matter how completely any support acts, nor how great the immediate relief they afford, still support is not feasible. First, they urge that God inspired each tissue with the requisite amount of inherent force, and that to render artificial aid is to make the weakness permanent, by teaching the delinquent parts to depend upon borrowed, and not upon inherent effort.

I reply, that this objection applies as strictly to *pessaries* and *medicine*, as to the abdominal support, and that notwithstanding the homilies written and talked against external support, their authors are the very men who never weary of singing the virtues of this peculiar form of pessary or of that, without any fear of weakening the vagina or perineum by weight and distension, nor of perpetuating weakness of the round and broad ligaments, by doing for them by the pessary, what the ligaments should do for themselves; nor of perpetuating torpor of the liver, by doing for it by blue mass, what it ought to do for itself. For our part, we are ready to act upon their grave objection, when they, in consistency, will act correspondingly in relation to medicine and pessaries. But the objection falls to the ground for the following reasons, viz., the brace does not do the work for *lazy* muscles, but simply *rests exhausted* ones, and acts by an aggressive but yielding force, which provokes them to activity, without the compression of a single nerve or blood-vessel, or the constraint of a single motion; as a timely loan to an embarrassed merchant, or as a boost to one in a death struggle to gain a summit. Said the venerable Prof. De Lamater, "this instrument is a complete suggester;" "it is so combined as to *make action;* all others squelch action." "It is like the difference between holding a body perpetually, and poising it upon its axis, where it is held by its own gravity."

But suppose for a moment that it be true, that the best form of abdominal and spinal support cannot be dispensed with without a relapse, after it has rendered a cardinal comfort to the patient, what then? How stands the balance sheet? Why, plainly this, that under other treatment, she has failed of even a promise of so much relief. But now she is immensely comforted, and made comparatively eligible to the immunities of life, and to the forces which inhere. Is not her condition an immense advance on her former state and prospects? She has got what she desired; comfort and enjoyment, whether it be scientific or not.

If she cannot dispense with her brace, but is comfortable with it, what then? She is no worse off in that respect than before, as the brace did not *produce* the necessity, but only discovered it: it existed before.

And again; is it not passing strange that grey-headed medical men should stand by and refuse support to patients, which they have for years failed to cure, under the horrible fear of the *habit of wearing it*, and never once have the *least* fear of the *habit* of being miserable without it, or of the habit of constant *medication*, under protracted weakness, (for patients will do something.)

The truth is, that to reject truly scientific abdominal support on the score of its being *artificial* and not natural, not only strikes at pessaries

and internal remedies, but also, at the entire idea of remedies in hernia, fractures, tumors, or constitutional states of all kinds; for the great architect made all things well, and gave them plenary powers under order; one department as much as another; for all remedies are artificial and not natural, and are resorted to under the idea, that the *regular order* is perverted by casualty, and requires to be quickened, corrected or substituted, for the time being, by remedies adapted to the plan of that casualty. Under this fact, then, we leave those who object to resting and helping exhausted muscles, to explain why they allow a truss to a hernia, a crutch to a lame man; or alteratives, deobstruents, antispasmodics tonics, and stimulants, to the constitutionally depraved and vitally weak, (for these are all artificial remedies;) and to explain also, why exhausted muscles and dislocated viscera should be excepted, and where the dividing line is, and what the *rule* of the exception. And, let me not be deemed prolix upon this point, for there is a *cause*, for even at this day, old and venerable teachers absolutely *refuse* to yield to the entreaties of their *fossil* patients, for a support, assuring them that it is far better to come up under the powers of nature in two or three years, than immediately by artificial means. Whilst conversing with a gentleman upon this point; said he; "My wife had for years been the subject of great professional anxiety in one of the largest cities of this country; ultimately, she was removed to a distant town, in a recumbent position, under an injunction from her physician, that if ever she got any better, to let him know, and he would surely visit her, and learn how the cure was effected. Shortly after the abdominal and spinal support was applied with such success, that she made a visit to the city in a very comfortable condition. On meeting the kind old Doctor, and informing him that my wife was well, and with me in the city, he lifted his hands, saying, "I'll go at once and see her; but pray, do tell me, what has effected this miracle?" I remarked; "Well, she has done nothing but apply the brace." "What!" said he, "*a brace!* I do not believe in it." I replied; "Why Doctor, you tried for years, and gave her up; and what else could I do?" "You know," said the Doctor, "that I steadily opposed a brace on the score of its being empirical." "Well Doctor, but it *cured* her, and she is here, and would like to see her old friend." The Doctor shook his head, and said, "it *wont be permanent;* it is *artificial.*" The Doctor never called.

[To be continued.]

SPOTTED FEVER.

By Joseph Adolphus, M. D.,

Of Hastings, Michigan.

In a September number of the Medical and Surgical Reporter I see an article by Dr. T. B. Smith, of Cooperstown, N. Y., under the above caption, giving the history and treatment of nine cases of spotted fever, but one of which recovered. It is no unusual occurrence for eastern physicians to be unfortunate in the treatment of fevers generally, and more especially of spotted fever. The generic term *Spotted Fever*, is so unscientific and vague, that often different types of fever are so termed, notwithstanding their exceeding etiological and pathological difference. The first appearance of a rather fatal form of typhus fever, attended with purple, mulberry, or rose-colored spots occurred in the United States forty years ago, and was styled cerebro-spinal meningeal fever; and from time to time several epidemics have appeared in the West, along the Ohio river, in the valley of the Wabash, on the prairies of Indiana and Illinois; in eastern, central and southern Michigan; central and eastern Ohio, and northern Kentucky, and at last, in 1856, becoming quite general, and frequently appearing in many localities since then. This form of fever is often seen in different shapes. I must observe that I dislike the name Spotted Fever, inasmuch as it implies a particular type, as typhus, or typhoid, etc. Experienced western practitioners are well aware that what is termed spotted fever, is not always of one type. You may have noticed a year or two ago, that a very rebellious form of spotted fever prevailed in the Sciota Valley, in Ohio, attended with diphtheritic symptoms; while last fall a severe form of spotted fever was seen in Central Illinois, attended with lung complications. We often see fevers having all the essential symptoms of what is termed spotted fever, but no spots are observed throughout the entire epidemic.

In Dr. Smith's article, case seven, decidedly the most severe, as far as nervous symptoms are concerned, recovered under a stimulating plan of treatment, which proved fatal to case five, apparently one of the mildest of those afflicted, (inasmuch as the little sufferer survived for six days.) The mortality is certainly great, and I feel quite disappointed that Dr. Smith was unable to aid us by the way of post mortem examinations. Last year I treated upwards of twenty cases of spotted fever, and lost three. This statement may surprise many of my brethren, but the statement is nevertheless true.

Three years ago, in the winter of 1863, I treated eleven cases, and lost four. This is not intended to be egotistical, for I feel rather delicate about the matter, though other physicians around here are equally successful. But ten years ago we were sadly unfortunate in the treatment of these cases, though at no time had such a heavy mortality attended our efforts.

I regard spotted fever as a severe form of typhus. The idiopathic poison being intense, overwhelms the vital power, and prostrates the nervous force, exhaustion rapidly occurring. The part which the great sympathetic nervous ganglionic system plays in the economy, and its influence over the great vital forces, conspire toward producing such results as have been recorded by Dr. T. B. Smith in his nine cases. When autopsies have been performed in fatal cases of this fever, serum has been found in the ventricles of the brain, sometimes stained with hæmatin of the blood. The meninges of the brain have been found injected, also of the cord and its membranes. But these pathological phenomena are not sufficient to give the case the title of inflammatory. The spinal symptoms recorded, do not necessarily induce us to accord to the spinal system of nerves any fault, inasmuch as we may have a reflex action. Spotted fever is a low devitalized state of molecular life, in common with all forms of continued fever, only differing in intensity. Often when the symptoms directed us to look toward the excito-motory system for explanation, we find only intestinal evidences. True, what we term real typhus and typhoid fevers consume a longer time in running their course, but it must be borne in mind that the manner of poison may be different. We often see cases of typhus fever run 30 days; and after death we find the same lesions as are found in what is styled spotted fever, without its marked features. Again, we often see spotted fever with nothing like spinal symptoms. Spotted fever is epidemic very often. One seeming difference between this and typhus and typhoid fevers is, that the young are the most numerous victims in the former, and the old in the latter. This may be easily accounted for on the hypothesis that frail vital force and youth are incompetent to withstand the severe shock that so large a dose of poison entails, as is the cause in this form of fever. In the great majority of cases recorded we find the pulse under 100; very often below 80. When we recur to the fact that any cause that will paralyze the sympathetic ganglionic system of nerves must affect the heart's action and lessen both its force and frequency, we are at no loss to account for the slowness of pulse; stupor, delirium, dilated pupils, violent muscular actions, and loud cries, are peculiar to many epidemic fevers.

In speaking of the treatment, I must not be supposed to be dealing in specifics. I have seen different forms of treatment, both successful and unsuccessful, but I cannot refrain from calling the attention of the profession to the sulphite of soda, and the saturated tincture of the *green* root of *gelseminum*. I think that many cases may be saved under their judicious use, with strict care to alimentation; beef-essence, wine and milk; quinine, and hydrochloric acid. The sulphite of soda may be given, in doses varying from 5 grs. to ʒss, every two hours; and the gelseminum in gradually increased doses, from 11 drops even up to f.ʒss. I have seen a boy of three years old, take ʒss every hour for six hours of the tincture, with no other results than to subdue those severe symptoms so graphically described by Dr. Smith in his reported cases. But all depends on early treatment. Calomel and other purgatives must be avoided. Mercury, in every shape, must be put away. If the patient is seen early enough, an emetic of ipecacuanha and blood-root will accomplish a good deal.

℞. Pulv. ipecac., ʒj.
Pulv. sanguinariæ, ʒss. M.
Ft. pulv., iij.

One every half hour or hour, for a child three years old, till vomiting occurs. Enemas of beef-tea and quinine may often succeed the emetic in severe cases. Opium is of but little account, and often injurious. I have seen severe and long-continued coma occur after half a grain of opium. Belladonna comes in well here, viz:

℞. Fl. ext. belladonnæ, f.ʒss.
Aquæ, f.ʒiij. M.
Teaspoonful doses.

The following formula is quite convenient:

℞. Sulphite sodæ, ʒss.
Aquæ cal.
Syrupi aurantii, āā f.ʒij. M.

From one to three teaspoonfuls at a dose, every one, two, or three hours apart. The warm mustard bath is not to be overlooked; flannels wrung out of the same, and the patient wrapped up in them. Often when the pulse is high, half-drop doses of fluid ext. aconiti radix, every two or four hours apart, will allay its frequency, and quiet the severe nervous symptoms. Strong beef essence by the mouth and rectum occasionally, with quinine dissolved in tartaric or hydrochloric acid, work wonders. The great idea is to support the vital spark, and keep awake the excito-motory system of nerves. It has been too much the

practice to regard the cerebral and spinal symptoms as evidences of inflammatory action, whereas the opposite is the case. Severe depression is what we are dealing with. A severe shock has been sustained by the nervous system. The vital forces are depressed. Assimilation and elimination have been arrested. The patient dying because the machinery of life has been subjected to a severe shock, and its functions rudely arrested.

PLACENTA PRÆVIA AND MECHANICAL DILATATION OF THE OS UTERI.

By Geo. B. Fundenberg, M. D.,

Of Cumberland, Md.

August 20th, 1866. Was called to see Mrs A., in the last month of her seventh pregnancy. On the morning of my visit, while walking across her room, she was surprised by a very profuse gush of blood. I found her in bed much alarmed, faint and pallid, with a weak and frequent pulse. Ascertaining that the bleeding had ceased, I contented myself with ordering absolute rest, with cold cloths across the hypogastrium, requesting to be called immediately upon the reappearance of any further discharge.

In two hours I was called again, and found that the patient had rallied, but that the hemorrhage had returned, and she was slowly losing blood. I now removed the vaginal clots, and found what I expected, a placental presentation, and over a rigid and undilated os, barely admitting the index finger. There had been no labor pains whatever.

Now what was to be done? The usual practice requires the introduction of the tampon. But any one who has ever used the sponge or linen tampon in a tedious case, and witnessed the excessive irritation produced by it, to say nothing of its other evils, would naturally feel some hesitation in resorting to its use. I was more loth to employ this means of restraining the hemorrhage, in consequence of the unfortunate result of my last case, in which fatal pyæmia could fairly be traced to the protracted use of a sponge tampon. Besides, I thought I had in my possession an instrument superior to any plug of sponge or other substance usually employed, capable not only of closing the vagina, but also of dilating it, and in doing so, opening also the os uteri. I refer to "Barnes' caoutchouc dilators." This apparatus consists of three fiddle-shaped caoutchouc bags, of graduated sizes, each bag prolonged into a long narrow tube, with a stop-cock. To these tubes is adapted an elastic syringe, by which a stream of tepid water may be thrown into the bags, gradually dilating them to their full capacity. To facilitate the introduction of the empty bag, a small pouch is attached outside, to receive the end of the uterine sound.

These bags, intended for the dilatation of the os uteri, were recommended by Dr. Robert Barnes, of St. Thomas' Hospital, London, in the induction of premature labor. He also relates a case in which he dilated the os uteri in placenta prævia, but he does not appear to have appreciated their value as tampons.

I accordingly introduced the largest of the three bags, and injected water until the patient began to complain of the pressure. No more blood issued from the vagina. I saw Mrs. A. in six hours after, and found that a slight discharge of blood had shown itself a short time before my visit, I therefore dilated the bag still more by a few strokes of the syringe and left her. The next morning, there having been no discharge, I turned the stop-cock, and gently withdrew the empty bag, enjoined entire rest, with implicit directions to be notified if the hemorrhage should return. During the day she was comfortable, but in the evening, at six, she was again subjected to a copious flow, and I found her in half an hour after its return much prostrated and alarmed, with the discharge showing no signs of diminution. I immediately introduced the largest bag, and distended it as much as the patient could bear without discomfort. The bleeding was at once arrested.

Next morning I found she had again rallied, no hemorrhage had occurred, and she had slept well. There were now observed some symptoms of commencing labor. I removed the bag, and found the os still as small as a quarter dollar, rigid, and unyielding. The finger introduced found the placenta partially detached over a surface one-fourth of the circumference of the os.

I now introduced the bag, but this time injected the water until the distension became as much as the patient could bear without positive pain, and this with the triple design of dilating the vagina, of opening the os uteri, and of bringing on labor. At noon the pains were more decided and more regular, and at her request I removed the bag. I now found the os somewhat more dilated, but quite too small and rigid to permit the delivery by version. I therefore introduced the smallest bag into the os, having previously detached the placenta in its entire circumference as far as my finger would reach. The bag, after being distended, was expelled into the vagina by the first expulsive pain, but my second attempt was more successful, and I

had the satisfaction of finding the os completely occluded by the elastic dilator. I remained with my patient two hours, from time to time gradually distending the bag. At the end of that time I removed the bag, and introduced the medium sized dilator with much facility. This bag also became displaced, but being immediately replaced, no blood was lost. In an hour more, three hours from the first introduction of the bags into the os uteri, I found it sufficiently dilated to admit the hand without force. The placenta was detached sufficiently to permit the hand to ascend to the membranes which were ruptured, the child seized by the feet, and delivered alive somewhat exsanguine, but crying sufficiently loud, and the mother "as well as could be expected."

From the above case I have learned that these bags of Dr. Barnes' are the best of all tampons. Capable of being dilated to the size of the fœtal head by a few strokes of the syringe, easily introduced, and as readily removed, they answer every desirable indication. They are very valuable as dilators of the vagina; in answering this purpose, they, at the same time, dilate the os uteri, and stimulate the womb to expulsive efforts, and last, but not least, they obviate the terrible necessity of a forced entrance into the womb.

CAMP DIARRHŒA.

By D. A. Morse, M. D.,

Late Assistant Surgeon, U. S. Vols. Of Alliance, Ohio.

In the Medical and Surgical Reporter for July 21, 1866, was a communication from W. E. Whitehead, Assistant Surgeon, U. S. A., in which he requests an answer to the following questions:

"*Is not the camp diarrhœa of soldiers in the field caused by a scorbutic condition of the system?*"

Having treated a great many hundred cases of diarrhœa, both acute and chronic, during the rebellion, as well as having made many post mortem and also microscopic examinations of diseased tissue, I will present my views, and the faculty can receive them for what they are worth. Before giving a reply, however, I would state my views of the *pathology*.

There is diminished vitality and consequent power of the nervous system supplying the epithelial structures of the digestive organs; more or less congestion of the portal circulation and vitiated secretions consequent upon these conditions. The diminished absorption and assimilation results from loss of tone in the epithelial structures. Diarrhœa under *all* circumstances, in my opinion, is the result of this same condition.

The principle that "like causes produce like effects" holds true throughout all the broad domain of science. The question then arises, what produces this condition in the soldier? The "scorbutic taint" is the result of mal-assimilation. No one can manufacture a good article out of poor material. In a great number of cases of diarrhœa there is no scorbutic taint shown. To illustrate this: A regiment of robust healthy men enters camp direct from their homes. They are crowded together in tents or barracks; sleep upon boards or the ground; eat a different diet from what they have been accustomed; neglect their persons; in many instances overload their stomachs with indigestible truck from a sutler's nest of destruction—for they furnish more patients for the hospital than any other cause in a camp of new troops—then are exposed to the effluvia of an old sink, or accumulation of decomposing matter. These with other depressing mental influences produce the condition mentioned. We have a man in whom there is not the least deviation from the standard of health. He visits a privy where a whole camp deposit their excretions. He is almost *stunned* by the smell. The next morning he feels languid, feverish, weak; has perhaps headache, nausea. He eats his usual allowance of food. Visits again this source of disease, to find that his food has undergone no change in the alimentary canal, except fermentation and decomposition. He reports sick. The result—*opium* and chronic diarrhœa. If in the field, the surgeon may be unable to furnish him a change of diet. He treats his case week after week. At last the swollen gums, dark spots upon the limbs, and other symptoms of scorbutus appear as an accompaniment of diarrhœa, and a result of "improperly cooked food and want of anti-scorbutics." I know of no reason why *scurvy* should be considered a cause of diarrhœa more than diarrhœa of scurvy. Each results from its own particular cause. The conditions surrounding the soldier which produce scurvy, may militate against a cure of his diarrhœa.

When the vitiated secretions are once established, we then have present a constant exciting cause of this same condition of the nervous system. You find yourself in the condition of a man who attempts to heal a flesh-wound which contains the thorn that produced it. The improper action of the digestive organs upon food,

when this condition is established, will often result in scorbutus. This will not be questioned. It is seldom that well-developed scurvy will be shown if proper food is given. But I have had it result with men who were feeding upon a vegetable diet. When once digestion is disordered in camp, proper diet alone will not always prevent scurvy. If the food is not assimilated, the patient is in the same condition as the man who feeds upon an improper diet. The fact being established then, that diarrhœa is produced only by the operation of a cause equal to such an effect, we will consider the third question.

"*Does not this scorbutic condition of the blood cause fatty or amyloid degeneration of the small arteries supplying the sub-mucous tissue of the intestinal canal?*"

A microscopic examination alone will reveal this; the degeneration not being recognized by the unaided eye. The microscope shows, in many of these long continued cases, amyloid degeneration existing throughout the whole alimentary tract. Whether this degeneration (question iv.) is the cause of the persistency, I am unable to say. Whether it ever exists in obstinate cases which recover, would be a point to be first considered.

I know of no *ante* mortem indications that will inform us. This amyloid degeneration extends to the kidneys in many of these cases, producing symptoms of Bright's disease; but more frequently we have an accumulation of serum in the abdomen. I have found in one case fatty degeneration of the heart, but this man was a scrofulous patient, and his lungs were stuffed with tuberculous deposits. How much this modified the condition of the heart I am unable to say. I never found fatty degeneration only when there was tuberculosis.

I do not think that camp diarrhœa results from a scorbutic taint, but regard it as an expression of the pathological condition given. Whatever cause operates to produce diarrhœa must first produce this condition. In scurvy we may have no diarrhœa, though in the field the cases in which it does not exist are exceptional ones. In the prisons at Camp Chase nearly every one having scurvy had diarrhœa; but a large number having diarrhœa showed no signs of scurvy. The pathological conditions are dissimilar. The changes in the blood, the character of every pathological change being so different, we cannot regard one as the result of the other, further than as the combined influence of causes may tend toward the same result.

As regards treatment, I would relieve first the portal system, and thus unload the secreting and excreting organs. The epithelial tissues being the ones involved through the nervous system, our remedies must be directed to them. Their intimate connection with absorption and assimilation, secretion and excretion, renders it evident, that unless we maintain their function, we can accomplish nothing. The diminished or vitiated secretions from the liver and kidneys expresses it too plainly to be mistaken.

We should first administer Epsom salts and unload the mucous membranes. Then give diuretics, alteratives, tonics, etc., as indicated. I regard opium as highly injurious in camp diarrhœa. It arrests the secretions you desire to establish. If the patient suffers much pain put a mustard plaster on his belly, or, what is better, draw a blister. I would give a pill, in acute cases, of small doses of ipecac., calomel, podophyllin and ext. hyoscyamus. I would excite the secretions of the liver, but avoid the use of mercurials as much as possible. As an astringent I prefer catechu. Give antacids, nux vomica, ale; baths of salt water, iron, etc., in chronic cases.

Under the use of tannin, both in large and small doses, I have found no beneficial results.

Bismuth I have used in a great many cases, in doses varying from three grains to fifteen grains. In one lot of a hundred cases I used eighteen ounces in a single week. I lost but one case, but think the benefit obtained from treatment was from other remedies combined with the bismuth. Lead, while it is a good sedative and astringent in acute cases, should not be given in chronic diarrhœa.

For the treatment of a chronic case, a plan must be adopted that is indicated—*then stick to it.* If there is ulceration of the bowels, give enemas of argenti nitras, or cupri sulphas. If you wish to use opium ever, use a supository of opium, camphor, and soap. This will relieve tenesmus; the blister tormina.

As an evidence that the disease affects the whole digestive system, we have the arrest of *all* the secretions. As an evidence that the disease is not confined to the large intestines, we have ulceration in other parts—thus, in O'Brien, who died at Madison, Indiana, in hospital, there was an ulcer which produced death by perforating the duodenum a little below the pylorus. He had ulceration of the rectum, which had been cured by injections of nitrate of silver, as the cicatrix showed. In one case examined at Rome, Georgia, with Surgeon G. F. French, U. S. Vols., there was ulceration of the cæcum, extending

through all the tissues, and forming an artificial anus. The liquid flowing out was acid. The man died, post mortem examination showed an attempt of nature to fasten the bowel to surrounding tissues, but without success. The man was a chronic diarrhœa patient. No amount of drugs poured into either of these cases would have saved them.

Hospital Reports.

Jefferson Medical College,
September 19th, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Fatty Tumor in an Uncommon Situation.

James M——, æt. 52. He has had a small tumor on the right side of the neck, over the sterno-cleido-mastoid muscle, for the last ten years. It has been gradually growing. There is no pain, and no discoloration of the skin present. The appearance of the skin, the duration of the tumor, its movability and elastic feel, and its situation, would lead to the supposition that it was sebaceous.

An incision was made in a perpendicular direction, to afford an outlet for any secretion during the treatment, and to make less of a scar after the cure is completed, than would remain if the skin were divided horizontally or obliquely. The tumor was found to be a fatty one

It is extraordinary that it should have remained for ten years in a dormant condition. The situation for a tumor of this kind is very unusual. It is only the second case of a fatty tumor about the neck with which Prof. Gross ever met. The other was removed about a year ago at this clinic, and occupied the angle of the jaw.

Two interrupted sutures were used to bring the parts together, with the aid of narrow adhesive strips.

Anchylosis of Knee-Joint.

Peter B——, æt. 27. He is a fireman, and last February was knocked off from the third story of a house, by a stream of water from a hose, and fell into the cellar. His right hip was said to have been dislocated by the accident.

The right limb is very much diminished in size, the muscles are softened and wasted, and there is not as much adipose substance as on the other side. The foot is cold and clammy. The knee is flexed at a right angle, and there is great contraction of the ham-string muscles.

The probability is, that in consequence of the injury, inflammation was excited in the synovial membrane of the joint, followed by an effusion of plastic matter, connecting the articular surfaces together, and producing a species of anchylosis. The parts are not firmly united; there is no bony anchylosis, but one simply fibroid in character.

Concussion or violent contusion, is quite sufficient to awaken a severe form of inflammation. Concussion of the brain will frequently give rise to violent inflammation, followed by convulsions and death, without any laceration of the brain substance. So also in regard to articulations, as is shown by the violent inflammation following the concussion and contusion produced by a billet striking an articular extremity.

The patient was placed under the influence of chloroform. On forcibly extending the leg, a creaking noise was elicited within the articulation. The joint is dry; the secreting surface has probably in great measure been destroyed. The muscles yielded on forcible extension, but in order to make the limb perfectly straight, the inner ham-string muscles were divided. The patella was quite firmly united to the tibia, but was detached by tapping with a mallet. The anchylosis was completely broken up. Acetate of lead and opium was directed to be applied for a few days. An anodyne was administered, and quiet enjoined.

Encephaloid Tumor of the Thigh.

Wm. C——, æt. 50. Hod-carrier. He has had a tumor in the upper and inner part of the right thigh, just below Poupart's ligament, for a year. He did not hurt that part of the body before its appearance. It was about the size of a hen's egg when first noticed, and is not now so large as it was six months ago. It bleeds at times. Five weeks ago it ulcerated. It has discharged much matter since then, of an offensive character. It is sore to the touch, but there is no pain in it. The tumor is of a semi-solid consistence. The skin is remarkably discolored, and there are not less than four openings, one of them quite large, with a protrusion of the contents of the tumor. The integument around the morbid mass is also discolored. The tumor is movable, but doubtless extends down as far as the aponeurosis, if not into the muscles of the thigh. It is more deeply seated than a superficial examination would lead one to suppose.

At first sight it has all the appearance of a malignant tumor, for a benign tumor is rarely attended with any uniform discoloration of its covering. There may be some enlargement of the subcutaneous veins in a benign tumor, and the skin discolored at one or more points, for there may be ulcerative action, or the compression of the skin may give rise to congestion of the vessels of the part, but there is never such a uniform discoloration as is observed in this case.

If then the tumor be malignant, to what class shall it be referred? It is not scirrhus, which is exceedingly rare in the skin and subcutaneous cellular substance, and upon an extremity, its most common situations being by far the mammary gland, the liver, the uterus, the penis, and the lower lip, occurring more frequently in the mammary gland than in any other part of the body, or than in all other parts taken together.

Melanosis is an exceedingly rare affection. When it does invade the body, it is apt to occur simultaneously or in more or less rapid succession in different regions. It is strictly a constitutional and multiple disease, liable to occur in the lymphatic ganglions, testicle, liver, lungs, the cellular and adipose tissue of various regions of the body, especially the eye, and even the pa-

roid and prostate glands, and the bladder. There is one blackish spot on this tumor, but it is doubtful whether it be truly melanotic. The mass has not the features of an ordinary melanotic tumor. Melanosis is, therefore, excluded with some little reservation.

It is not a colloid or gelatiniform tumor, because that affection is exceedingly rare, and is never situated so superficially as here.

The tumor is too large for epithelioma, which is commonly met with at the junction of the skin, and mucous membrane, as at the lip, vulva, penis, etc.

By exclusion, encephaloid, soft cancer or fungus hæmatodes is arrived at. This form of disease is not very common. In comparison with scirrhus it is quite rare. Prof. Gross removed the mammary gland of a lady, thirteen days ago, the seat of an affection of this kind. Occasionally this tumor is met with in the lymphatic ganglions of the axilla and groin, in the mammary gland and testicle especially in young subjects, in the eye and in all parts of the body and at all periods of life. The tumor of this patient has the feel of encephaloid and it has the characteristic ulcers with fungus protrusion and a discharge of sanious or bloody character. It bleeds pretty freely at times. In scirrhus the ulcer would be excavated, would not be the seat of much hemorrhage; the discharge would be unhealthy, and the pain would be much greater than it is here, and of a sharp lancinating character.

Prof. Gross was not disposed to interfere at present. In a week or ten days he might be induced to remove the tumor, a deep incision would have to be made, there would be an insufficiency of integument, and it is doubtful whether the wound would heal. Simple cerate, with the addition of a little rhubarb and opium, locally, and tonics and milk-punch, internally were ordered.

Malformation of the Nasal Septum.

Ann C——, æt. 22. She breaths with difficulty through the right nostril. An examination showed nearly complete exclusion of that cavity, caused by a deviation of the cartilaginous portion of the nasal septum to the right side. The left nostril is increased in size. The proper remedy is the removal of the offending portion of the septum. This malformation is usually congenital.

A portion of the projecting septum was shaved off with a probe pointed bistoury, and the passage thus widened.

Dr. Fordyce

dined every day at Dolly's chop-house. His researches led him to conclude that man eats oftener than nature requires, one meal a day being sufficient. He made the experiment on himself, and finding it successful, he continued the following regimen for more than twenty years. At four o'clock, his accustomed dinner-hour, he entered Dolly's chop-house, and took his seat at a table always reserved for him, on which were instantly placed a silver tankard full of strong ale, a bottle of port wine, and a measure containing a quarter of a pint of brandy. The moment the waiter announced him, the cook put a pound and a half of rump steak on the gridiron, and on the table some delicate trifle, as a *bonne bouche*, to serve until the steak was ready. This delicacy was sometimes half a broiled chicken, sometimes a plate of fish; when he had eaten this, he took a glass of brandy, and then proceeded to devour his steak. We say devour, because he always ate as rapidly as if eating for a wager. When he had finished his meat, he took the remainder of his brandy, having, during his dinner, drunk the tankard of ale, and afterward the bottle of port. The Doctor then adjourned to the Chapter coffee-house in Paternoster row, and stayed while he sipped a glass of brandy and water. He made no other meal till his return next day, at four o'clock, to Dolly's.—*Temple Bar, from British Medical Journal.*

Editorial Department.

Periscope.

Cerebral Embolism.

The London correspondent of the *Richmond Med. Journal* has some interesting remarks on this subject, which within the last few years has attracted the attention of observers. In some cases which during life had been diagnosed, as cases of apoplexy, after death, as hæmorrhage into the brain or meninges, was found but a small plug, or embolus, in one of the cerebral arteries, perhaps most commonly in the middle cerebral artery, or in one of its primary branches, often just at the point of division. This plugging of a cerebral artery leads to inflammatory softening of the parts supplied by the artery. The effect is not simply that of deprivation of blood supply, for by collateral channels a considerable quantity of blood soon reaches the part; but the blood so supplied by means of many small anastomoses, is not impelled by a sufficient *vis a tergo* to insure its being rapidly carried off by the veins. The circulation, in consequence, becomes very sluggish and a low form of inflammation is set up, the part becoming at first redder than usual; then undergoing yellowish discoloration and becoming soft and pulpy, presenting under the microscope the compound granule corpuscles, characteristic of inflammatory softening of nervous structures.

After alluding to the fact that these cases of cerebral embolus were first observed in cases of heart disease, with vegetations on some of the valves; and the conclusion generally adopted that the detachment of a small piece of fibrin from one of the cardiac valves, its entrance and passage into the current of the blood and final deposition in a cerebral artery,—there giving rise to the *embolus*, was the pathological starting-point of these cases of embolic softening of the brain, our correspondent points to those cases where cerebral embolus was found disconnected with any cardiac lesion, or indeed any apparent source, whence the fibrine could have been detached. Hence the conclusion of some pathologists that these

masses of fibrine are not carried onward from the heart, but are the result of disease at the seat of the plugging in the cerebral artery itself. The author admits the possibility of both causes. In one case of death from extensive cerebral softening, he saw nearly the whole of the arteries at the base of the brain in a state of atheromatous degeneration, and some of them completely plugged, others partly so, by fibrine adhering to these roughenened internal surfaces. The following two cases are of interest; one illustrating the local, the other the cardiac origin of disease of the cerebral arteries, and embolic softening:

Case I. Man, 27 years, admitted to hospital; ill five days; seized in the morning suddenly with paralysis of right arm and leg; on attempting to walk he fell down, but no fit. On admission there was some power in the leg, but the right arm almost entirely paralyzed; with exception of some impediment of speech no evidence of facial paralysis; giddiness in the head. Slight traces of eruption on the face; had had syphilis about four years ago, and secondary eruptions at intervals ever since. After a fortnight the cerebral symptoms became more decided; delirium set in, and finally coma; died on 27th day of his admission.

Autopsy. Pale mass of fibrine obstructing one of the primary branches of the left middle cerebral artery, entirely blocking up the artery, and firmly adherent at one spot to its wall. Arteries elsewhere healthy. A well defined patch of advanced inflammatory softening in the left corpus striatum, and the corresponding part of the middle lobe of the left cerebral hemisphere was somewhat discolored at the junction of the grey and white portions, and found under the microscope to exhibit evidence of inflammatory softening. The heart was not diseased.

Here the evidence is all in favor of the clot having formed in the cerebral artery, where it was found; and when this is taken with other cases, there is fair evidence that the disease in the cerebral artery was the consequence of syphilis.

In the second case the evidence is strong in favor of the embolus having been carried forward from the heart into the brain.

Case II. Man, æt. 26, admitted into hospital with femoral aneurism. The artery was ligatured, but secondary hæmorrhage on the tenth day necessitated ligature of the external iliac artery. This arrested the bleeding, which, however, returned, to a certain extent, in the femoral wound, a day or two after. Soon after, he was seized with cerebral symptoms, which, together with the loss of blood, proved rapidly fatal.

Autopsy. Disease of the aortic valves, which were partly adherent to each other, and presented vegetations, some apparently old, and others of recent date. There was a pale clot in the left ventricle, extending to the aortic valves, and adherent to the vegetation, and portions of it were loose, and easily detached, in small shreds, from the rest of the mass. *Brain.* Arteries at the base apparently healthy; but on tracing out the branches of the middle cerebral artery, on the right side, the distal extremity of one of them was found plugged with firm, pale, slightly adherent fibrin. The parts supplied from this branch were the convolutions of the aorta, and lower part of the right middle lobe of the cerebrum. The grey matter of those portions was of a bright red color, and very soft and pulpy, and this softened condition extended to the outer part of the corpus striatum. On microscopic examination the softened grey matter was found to have a very granular appearance; nerve tubules broken down; nerve-cells granular looking, with irregular aggregations of minute oil-globules. There were no well-formed inflammatory corpuscles to be seen, the case having probably been too rapid to admit of their formation. In this case there were also masses of fibrin (probably the result of emboli), in the spleen and in the left kidney. The author concludes:

Here there was cardiac disease of the kind most likely to favor the detachment of an embolus, and this seems the most probable explanation of the case. The whole subject, however, requires further observation and elucidation, and especially with reference to the relations existing between cerebral embolism, and the so-called pulmonary apoplexy; also other collections of fibrin, not unfrequently met with in other viscera, especially the spleen and kidneys.

Menstruation in Pregnancy.

At a recent meeting of the Obstetrical Society of London, Dr. Graily Hewitt, according to the *British Journal*, related a case illustrative of menstruation in pregnancy. A woman, æt. 30, had several pregnancies. The last child was born June 23d, 1865; suckled one month. Catamenia appeared from September 15th to 25th; in October they were absent; November 7th she had a discharge of blood, with slight watery discharge, alternating for a week. December 7th she was poorly, as usual, for six days. January 8th, 1866, she felt quickening. March 1st, pregnancy was distinctly diagnosticated. Delivery of a female child, about a fortnight short of full time, on May 17th.

The author considered it probable in this case that there was a twin conception, one ovum perishing, and giving rise to the flooding observed in November. It might be that some other cases of apparent menstruation in pregnancy have a similar source; but in regard to the majority of the cases of menstruation in pregnancy, and excluding cases of irregular hæmorrhage, he believed the source of the blood to be the decidua vera, as in ordinary menstruations, the unusual condition in such cases being the absence of adhesion of the two membranes, the decidua vera and the decidua reflexa. The decidual chamber, may, in other words, persist to a later period than usual, in which case there is no difficulty in accounting for the exudation of blood from within it, and its appearance generally.

General Effects of Atropine from its Local Use.

At a recent meeting of the Chicago Medical Society, we are told by the *Medical Examiner*, Dr. E. L. Holmes reported a case, in which he had occasion to have a strong solution of atropine dropped into the eye of one of his patients, at short intervals, for 24 hours in succession, when

severe and well-marked symptoms of the general effect of atropine upon the whole system began to be manifested, and were continued for a considerable time. Dr. NELSON related a case, in which a solution of atropine dropped into the eye twice, caused a dilatation of the pupil that lasted through a period of ten days, but was not accompanied by general symptoms.

Reviews and Book Notices.

A Guide to the Practical Study of the Diseases of the Eye: With an Outline of their Medical and Operative Treatment. By JAMES DIXON, F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital, Moorfields. From the Third London Edition. Philada.: LINDSAY & BLAKISTON. 1866. 12mo., pp. 400. *Price*, $2.50.

As a book prepared expressly for those "commencing the study of Eye Diseases," Mr. DIXON'S manual will answer a very good purpose. It is less scientific and technically complete than the work of LAURENCE and MOON, lately noticed in this Journal; and differs also from that book in being almost without illustrations. But it is still more elementary and easily read; so as to make, very well, a first book upon the Eye. For a course of study, we would recommend this as a beginning, then MACKENZIE'S large Treatise, and then, as a *résumé*, LAURENCE and MOON. Points of interest in the opinion of Mr. DIXON are as follows: He emphatically opposes the use of nitrate of silver as a local application in inflammation of the *cornea*, while he advocates it as almost a specific in *conjunctivitis;* though not in strong solution. For granulated lids, he has found undiluted liquor potassæ (after BAEDER) the most effectual application. He follows HUTCHINSON in regarding *notched* incisors (not *serrated*) in children as an almost certain sign of syphilitic constitution; thus identifying *syphilitic keratitis*. Mercury is believed by him to be important in all cases of iritis, except those produced by injury; and *the* great remedy in syphilitic iritis. Cataract he divides into nuclear and cortical, rather than hard and soft; considering the latter as only two stages of the progress of the disease; while he denies the separate existence of capsular cataract, and therefore rejects the anatomical classification of lenticular and capsular. Great value is asserted to have been proved under his observation in the use of *atropia* in some cases of congenital cataract; in which, as there is *peripheral* transparency of the lens, dilatation of the iris will utilize that. A man is mentioned who for nearly forty years thus used belladonna or atropine, so as to read and do the work of a watchmaker, without any impairment of the natural motor power of the iris. In iridectomy, Mr. DIXON differs from HANCOCK and others, in thinking it not essential to divide the fibres of the ciliary muscle. He considers it too soon yet to decide absolutely upon the comparative merits of the flap and the scoop operations for cataract. Chloroform he would hesitate to give in the operation of extraction by the flap-wound of the cornea, for fear of vomiting. In extirpation of the eye, and in the operations for artificial pupil and strabismus, as well as in most operations upon the eye in children, Mr. DIXON approves of the administration of chloroform. Nitrous oxide has not yet found its place in the works of British or other European surgeons.

Thermometric Observations in Fever. By THOMAS WRIGLEY GRIMSHAW, A. B., M. B., Physician to Cork Street Fever Hospital; Lecturer on Materia Medica in STEVENS' Hospital. Dublin, 1866. Reprinted from the *Medical Press and Circular*. Pamphlet, pp. 19.

Much credit is due to the author of this interesting paper for his care and industry in putting to the test the use of the thermometer as a means of diagnosis. A record of twenty-three cases of fever is given in full. The author admits that changes of temperature have a value in diagnosis; but, without yet drawing positive or final conclusions, he has seen reason to fear that the relative importance of such variations has been overrated. As to typhus fever in particular, he agrees with Dr. PERRY, of Glasgow, in believing that the range of temperature given by Dr. AITKEN, in his work on Practice, as a typical range, is *too high*.

On Atmospheric Conditions Influencing the Prevalence of Typhus Fever. By THOMAS WRIGLEY GRIMSHAW, A. B.; M. B.; C. M.; L. R. C. S. I., etc. etc. Reprinted from the *Dublin Quarterly Journal of Medical Science*, May, 1866. Pamphlet, pp. 8.

In this well-written essay, accompanied by a diagram illustrating the number of cases of typhus in hospital, the temperature and the moisture of the air for all the months in the year 1864; its author asserts the following conclusions as sustained by the facts.

"1st. That an increase in the moisture of the atmosphere favors an increase in typhus, and *vice versa*.

"2d. That an increase of temperature favors an increase of typhus, and *vice versa*.

"3d. That the two previous conditions combined are *most* favorable to an increase of typhus, and *vice versa*.

"4th. That when cold and moisture combine, the former tends to diminish the influence of the latter."

Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, OCTOBER 6, 1866.

A PRIZE OF $250 OFFERED.

We would call the attention of our readers to a communication in another column, offering a Prize of $250 for the best Essay on the Etiology of Epidemics. The gentleman who offers the prize is well known to the profession of the country, and is entirely responsible. His name will be announced at the proper time.

Will other medical journals throughout the country give publicity to this offer, that all may have an opportunity of contending for the prize who choose to do so.

THE MEDICAL CLASSES.

We are pleased to observe that the prospects are fair for good classes in the medicals schools of this city and New York, and to learn that the same is true of other schools throughout the country. There is no doubt but the advance in fees in the principal schools may have the effect of somewhat diminishing their classes, but the aggregate number of students will not probably be thereby diminished, as students who are unwilling or unable to pay the advanced fees, can find schools where they can be accommodated at the old rates.

The graduate of but a few years standing cannot but envy the student of the present day the advantages he enjoys, when he sees how the means of instruction have multiplied, and how much more extended a system of teaching obtains in the regular and preparatory courses in our colleges. The progress of medical teaching in our schools is sure, though much remains yet to be done before our system can claim anything like perfection. The time of study needs to be extended, the collegiate course should include three sessions, fewer lectures being delivered daily, and a more complete course given in the aggregate. The cramming process now in vogue must give way, and a more rational system be adopted ere long. The indications point to this strongly.

We wish that our medical schools would agree to a modification of the present mode of conferring the degree. At the end of the curriculum of study in the schools, let the degree of *Bachelor in Medicine* be conferred, and after the graduate has acquired a certain amount of experience, either in hospitals or in general practice, let the degree of *Doctor in Medicine* be conferred in course, as the degree of Master of Arts is in some of our literary institutions. Such a course would have a very excellent effect in the communities where recent graduates are endeavoring to establish themselves, tending to give confidence in the ability, professional character, and standing of the physician who asks for support. It would also enable colleges to rid themselves of many unworthy candidates for the full degree.

These may be regarded as rather crude suggestions, but we throw them out for the consideration of those interested in encouraging the disposition to improve our system of medical teaching.

We trust and believe that an opportunity will be afforded the schools of discussing these questions at length next spring, in the convention of representatives of medical colleges proposed to be held at Cincinnati, just before the American Medical Association meets there.

Notes and Comments.

Medical Observations in Asia.

In a letter to the *Cincinnati Journal of Medicine*, Dr. C. O. Wright makes some interesting statements of his medical observations in oriental lands. The English Hospital at Hong Kong, he describes as an excellent institution; commodious, cheerful, and homelike. The hospital at Amoy surpassed any he had seen. "It is situated upon a knoll to the east of the city, overlooking the harbor, one story high, with extensive halls and high ceilings. Each ward is about thirty feet broad, and accommodates six beds. The windows extend from the ceiling to the floor, and are four or five to each ward, while they open upon a nice court, thus affording free ventilation."

Regarding predominating diseases, he says: "China affords a vast field for the study of eye and skin diseases. Dr. Parker, in Canton, has had probably more cases of these diseases to treat than any living physician. Cutaneous diseases are more prevalent in Asia than any other disease, probably due to the extremely dirty habits of the inhabitants; for it is not uncommon to see men, women, and children, hogs, dogs, cats, and fowl occupying the same room. The diet of the Chinese is principally pork, fish, and rice. Intermittent fever prevails as a common disease. South from Hong Kong, bilious fevers are in the ascendency. In ports thrown open to trade, syphilis largely exists, and is particularly severe in its character. Dysentery ap-

pears to be very common, for while in Siam, out of a crew of twenty-four men, fifteen were laid up, and nine men lost from dysentery in three weeks. The weather was intensely hot, and the crew eat freely of fruit; to this the large number of cases may be attributed."

Of *betel-nut* eating, the Doctor says: "One of the first things that attracted my attention in Southern China was the extensively red lips and gums, and black teeth of the natives, which I found was due to the use of the 'betel-nut,' they using it as we do tobacco, that is chewing it. It is used from the islands where the palm grows through the country of China, and from the Red Sea to the Pacific Ocean. The nut (areca nut) is the fruit of a slender graceful palm, about six inches in diameter and thirty feet in height. The nut, when husked, resembles a nutmeg in color and shape, but larger and harder. When used, the nut is cut into thin slices, and wrapped in fresh raw pepper-leaves, adding shell-lime enough to give it a flavor. All classes of people use it, male and female."

Malpractice.

The *Cincinnati Journal of Medicine* quotes the following sound views from a charge of a French judge, recently delivered in a trial for malpractice:

"Providing a surgeon acts according to the rules of his art, he incurs no responsibility, whatever may be the result of his operation; and that even if it may be asserted that such an operation, executed more skilfully, might prove more advantageous, or less mischievous to the patient. Pushing medical responsibility beyond certain limits would be only to deprive patients of the succor of art precisely at the moment when they have the most urgent need for it. For, when a serious accident, calling for immediate aid, occurred, no surgeon would venture to operate upon the patient, in the fear that if, in spite of his efforts, the results proved unfortunate, he might be himself accused of having occasioned them, and no one would act without a consultation, giving rise to the loss of precious time, and the production of irreparable mischief."

The Metric System.

We have repeatedly alludəd to the adoption of the metric system as a needed reform in weights and measures. Our excellent cotemporary, the *Boston Medical and Surgical Journal*, speaking of the subject, says:

"In no branch of industry, trade, or profession, however, is there so great confusion in this particular, or so much need of the adoption of the metric system, as in our own art. Not only are there the two distinct systems of avoirdupois and troy weight, with the same terms, by one of which medicines are bought, while they are dispensed by the other, but the terms for liquid measure, both wine and imperial, are likewise identical with those of the former, so that all four are frequently confounded and differently interpreted by physician and apothecary. * * * We trust that long before the time for the fifth decennial revision of the Pharmacopœia, the profession will have adopted by general consent the simple metric system of France, for it is only by such steps on the part of the learned bodies, for whom such changes are not impracticable, that its universal adoption will be accomplished."

The *Journal* also suggests that scientific men employ the metric system exclusively in their language and works as lecturers and authors, as a means of hastening its national adoption. A good suggestion.

Another New Medical Journal.

We have received the Prospectus of the *Kansas City* (Mo.) *Medical and Surgical Pioneer*. It is to be a monthly, of forty or fifty large pages, and will be devoted to the general interests of medical science. Dr. J. Keller is announced as the senior editor. Subscription, $3 per annum.

Cholera in Tennessee.

We are indebted to Dr. W. P. Jones, of Nashville, for the following note of the ravages of cholera in that city.

For the week ending Sept. 24th, the mortality was as follows: Monday 51, Tuesday 56, Wednesday 43, Thursday 29, Friday 33, Saturday 55, Sunday (24th) 54. Total for the week, 321. On Monday, the 25th, there were 70 deaths; and we learn by telegraph that on Friday, the 28th, there were 32 deaths.

A letter from Memphis reports cholera as very fatal there also, though the Board of Health had declared the disease not epidemic. On the 28th, 52 cases and 25 deaths were reported by telegraph.

— The Great Prize Essay on Electricity. The French Government has issued an invitation to the savants of all nations to compete for the prize of 50,000 francs, which will be decreed five years hence to the author who shall have discovered the means of rendering Volta's pile economically valuable to manufactures as a source of heat, to illumination, to chemistry, mechanics, or practical medicine. The *concours* will remain open for five years, dating from April 18, 1866.

Correspondence.

DOMESTIC.

The Etiology of Epidemics.—A Prize of $250 Offered.

Editor Medical and Surgical Reporter:

One of the great problems of medical science remains to be solved, and although involved in apparently inexplicable mystery, it would seem to be not entirely beyond the reach of the human faculties. The success which has attended the late researches in regard to the laws connected with the nature and mode of propagation of *Asiatic cholera*, should encourage us to hope that an equally satisfactory solution may be found for the following question: *Are general epidemics dependent upon some occult quality or qualities of the atmosphere, as maintained by* Sydenham; *having no relation to cognizable conditions, barometrical or thermometrical—not to be detected by our scientific apparatus of endiometers, hygrometers, or electrometers, etc.?* Most medical writers, from Sydenham down, have assumed that an *epidemic disease* is essentially or mainly *atmospheric*, dependent on what they call an "epidemic constitution of the air." But this is assuming the very point at issue. It would not be difficult to show at least that an *endemic* or *local epidemic*, if such it may be called, consists mainly in the contamination of the affected atmosphere by the diffusion in it of the material cause of the pestilential disease, whatever that may be.

In denying that a general epidemic depends on the same conditions, aided by co-operating causes, recent writers, like the late Dr. Barton, of New Orleans, have denied that an *epidemic disease can be imported.* Thus this very intelligent writer and enlightened sanitarian, in his late report on "Epidemic Yellow Fever," remarks, "The very idea of transporting *an epidemic, which is mainly atmospheric, from one country or locality to another, is an absurdity upon its face.* The very statement of the proposition is its own refutation, with intelligent and thinking men." But is not, or may not cholera be a general epidemic, and is it not imported?

In regard to the very fatal epidemic of yellow fever in 1853, Professor Blodget proved, from accurately kept meteorological reports, that the principal atmospherical conditions, wherever it prevailed, consisted "in a *high saturation* (high dew-point) with *elevated temperature*;" and Dr. Barton states that the disease showed no disposition to spread in any place where it appeared, unless these conditions were present.

Although medical men have for centuries been investigating the sources from which general epidemics arise, and the laws which govern their appearance and progress, without success, is the problem to be abandoned as a hopeless one, as one of those impenetrable secrets of nature into which the human intellect is not permitted to penetrate; or is it to be regarded as a legitimate scientific problem, whose investigation should be encouraged and promoted by all those stimulants which have been brought to bear on other great physiological, pathological, and etiological questions?

To stimulate such inquiry, I hereby offer a prize of $250 *for the best Essay on the* "Etiology or Epidemics," *which shall be deemed worthy of such reward; the decision to be made by the writer associated with the three professors of Theory and Practice in the three medical Colleges of the city of New York.*

Essays or monographs on the above subject, in competition for the prize, must be founded on accurately kept meteorological and sanitary records, in connection with equally exact records of the prevalence and specific character of diseases. Data must be supplied of an authentic character, by means of which epidemic seasons may be compared hygrometrically, thermometrically, barometrically, etc., with those which precede and follow them.

As notoriety is not sought for in this matter, I leave my name with the Editor of the Philadelphia Medical and Surgical Reporter, to show that the offer is a *bona fide* one, to whom essays may be addressed until January, 1868, with a motto and sealed envelope containing the same, with the name of the author. Unsuccessful essays will, if desired, be returned to the writers.

New York, Sept. 25, 1866.

Dislocation of the Testicle.

Editor Medical and Surgical Reporter:

I noticed in the Reporter of Sept. 1st, a case of probable dislocation of the testicle. The following case came under my notice while serving with the 1st Vermont Cavalry.

In the spring of 1864, a private of Co. E presented himself at sick-call, and gave the following history of his case. Some two or three days previous, as his horse was in the act of jumping a ditch, he received so severe a wrench in the left side as to cause him to feel faint, so that he had to dismount, and was not able to remount for two or three hours. When he again got into his saddle, he discovered an enlargement midway between the scrotum and anus, on ac-

count of which he was unable to remain mounted. He then discovered that his left testicle was missing from the scrotum.

On making an examination, I found this enlargement to be the testicle occupying the position described a little to the left of the median line. It appeared to have escaped from the canal at the external abdominal ring, as I could easily trace the cord to that point, and also return the testicle to the same place, but not within the canal. There seemed to be no more tenderness of the organ than when in its natural position.

The pain experienced at the time of the injury was higher up and more to the left than either the external or internal ring.

At this time an order came to send all men unfit for duty to the Corps Hospital. Since then I have heard nothing of the case.

I would say that the man stated that before the injury the testicle was in the scrotum.

E. J. Hall, M. D.

Morrisville, Vt., Sept. 13th, 1866.

Importance of a Correct Diagnosis.

A Case of Dislocation of Left Hip-Joint in a Girl six years old.

Editor Medical and Surgical Reporter:

Symptoms. Limb elongated two inches; violently abducted; could not be brought near the other without great pain; leaning to the affected side when standing; in the erect posture the knee was very much advanced; toes everted; the left labia projected beyond the right full three-quarters of an inch.

Diagnosis. Dislocation downward and forward into the foramen ovale.

Dr. S. N. Brayton was called to see the patient, who had fallen down stairs; and, as it was adjoining his office, he appointed 11, A. M., that day to have the child brought into his office to effect reduction.

They chose to take the patient to one of our city dispensaries, where it was examined by the physician in attendance, who stated to the mother that it was simply a strain, and would be well in a day or two; a physician in Twenty-fourth street also saw the child, and gave the same opinion; all of them were informed by the mother that Dr. Brayton had pronounced it a dislocation, but they persisted that there was nothing the matter, and the child would be well in three or four days.

Four days after the accident Dr. Brayton was called again, when they informed him of the result of taking the child to the dispensary, etc. He, feeling a little chagrined at having his diagnosis called in question, requested me to step in and see the case; I did so, and told the parents that if they would take the child to Dr. B's office, I would assist him in the reduction.

They immediately brought the child in, and while preparing to reduce, Dr. R. C. Cone, of 125 West Twenty-sixth street, called and examining the case, concurred with Dr. B. and myself, and administered ether to the patient as an anæsthetic, while Dr. Brayton effected the reduction—*the head of the bone going into its socket with an audible snap.*

Dressing: straight splint. I saw the patient to-day, seventeen days after the reduction; the dressings had been removed; the leg was natural, and the hip-joint in place. The only object of interest in the case is the diagnosis, which medical men ought to be very careful in making, especially after having been told that a brother practitioner had examined the case and given his opinion; and more especially still, when the case is so plainly marked that there is not a symptom wanting, as laid down by surgical writers.

Augustus Bissell, M. D.

203 *W. 23d st., N. Y. City.*

News and Miscellany.

The Hour of Death.

Mr. Alfred Haviland, Surgeon to the Bridgewater Infirmary, read a paper, at the meeting of the British Association for the Advancement of Science, recently held at Bath, "On the Hour of Death in Acute and Chronic Disease." The author commenced by stating that the subject of the hour of death had occupied the attention of medical writers from the time of Ætius, who flourished at the Court of Constantinople in the fifth century, up to the present date, but that no practical fruit had been the result for the physician in his treatment of disease; he concluded that the time had now arrived for a thorough investigation of the facts in our possession, inasmuch as if there be any latent truth in them of importance to mankind, it is our simple duty to evoke that truth, and avail ourselves of its teaching to the practice of medicine. He remarked that the physician's duties do not cease when he has ascertained the disease of his patient, and prescribed medicine to remove it. By medicine alone the patient is not healed; he has to act upon the advice of Hippocrates, and see that those in attendance do their duty also, and in his absence watch every phase and act in the living present. But, to do so correctly, the physician must know each cause of change, and by his knowledge anticipate what may occur, lay down simple rules for the guidance of friends and nurses, and teach them how to watch each circumstance of disease; he must know the changefulness of our bodies in health;

he must take due account of this changefulness when on illness supervenes; he must know when all our vital functions are at their height; he must know when they are at their lowest ebb; for this knowledge is a most necessary element of success in his combat with the enemy which he has to encounter. Of late years the art of nursing has more than ever occupied the thought of physicians and the laity at large. We have had noble efforts made in the camp and at home to soothe the anguish of the wounded and diseased. The author had collected over five thousand cases of death, with the *hour of death* and other circumstances recorded, which he had tabulated and exhibited on a large chart, the different results being distinguished by colored diagrams. By this chart he showed that in one thousand cases of death in children under five years of age, the periods of the greatest mortality took place during the hours between one and eight, A. M., and that an extraordinary depression took place in the succeeding hours. Between nine and twelve, P. M., the rate of mortality was at its minimum. He then compared these statistics with two thousand eight hundred and ninety-one deaths from all causes, and the chart showed how remarkably the wave-lines of death compared with those above. He then compared these diagrams with deaths from consumption, which, although they showed a general resemblance in the wave-line, yet between the hours of four to eight, A. M., there was a depression when compared to the first four hours period. He showed that small numbers are not sufficient for a statistical truth, and he therefore urged upon his provincial brethren to assist him in his investigation by forwarding to him data for further investigation of this interesting subject. He contended that the tables on the chart proved the extraordinary mortality in the early hours of the morning, when the powers of life were at their lowest ebb, and, strange to say, when the patient was least cared for. He urged the necessity of feeding and stimulating the patient at his weakest hour, so as to tide him over a critical period, and, even if death be inevitable, so to support the patient that he might at least have a few hours more of life snatched from eternity, to admit of his being able to carry out some neglected duty, pardon some enemy, or see some beloved friend. He finally urged upon his professional brethren the high importance of teaching friends and nurses how to attend to those under their charge. He concluded by saying that the subject itself required no apology for its introduction to the Association. He felt convinced that the subject was one which had occupied the attention of many of his hearers, when they had been watching hour by hour the fitful changes of disease in the persons of those dear to them, or of those to whom as nurses they had desired conscientiously to do their duty. To simplify this duty and to calm this solicitude at a time when either an excess of the one or an ignorant neglect of the other might be fatal, was one of the main objects of this investigation; and he felt convinced, however imperfectly he might have expressed his opinions, that it is one of deep interest, not only to his profession, but to the community at large, and that the British Association would not deem it unworthy of their consideration.—*Canada Medical Journal.*

Degeneration of the Human Race from Residing in Crowded Cities.

There can be little doubt that about the great centres of civillization man is carrying out his sociable tendencies to such an extent as to detract considerably from the enhancement of his personal welfare, looked at in a physiological or medical point of view. He has become so fond of his neighbor, and his neighbor so fond of him that they are almost inseparable. Their friends are in the same way of thinking, and hence all join company and form compact fraternization. But the consequence is that they are in too close contact, and so continuously add to their number that at length they scarcely allow themselves room to move. There is no fresh air for them; they are forced to breathe their own and their neighbors' exhalations over and over again. There are so many of them in so small a space that they cannot well get rid of their refuse matters, scarcely of their own excreta. If anything in the shape of an infectious disease attacks one, it spreads like wildfire, of course, amongst the others; and even moral delinquencies are found to be in the same way catching, for if a "black sheep" gets among the flock it is well known that "evil communications corrupt good manners." If the consequences then of this social agglomeration be, on the one hand, increase of political power, of wealth, of commercial and social prosperity, and successful competition with other nations, they are, on the other, an overtaxing of the physical and mental energies at our disposal, and a premature consumption of national life blood. To see all this, we have but to scrutinize the character and results of that which has been called in recent days the "great town system." To witness it in perfection we should observe the effects of this system on the physical condition and modes of life, particularly of the industrial poor of a great city. If we do this, it will certainly be found just as the Honorary Secretary of the Manchester Sanitary Association and Physician to the Salford Hospital assures us is the case. There will be observed, as he states, amongst this class a singular want of stamina, manifesting itself either in the gait, bearing, voice, or frame. The muscular system is rarely fully developed or well strung. Few men are of that calibre from which we might expect either vigorous or healthy offspring, or arduous and sustained labor. Cases of deformity, along with actual distortion, are far from unfrequent, while minor physical defects, many of them denoting no trifling constitutional ailments, are deplorably common. The pulse, telling of the power of the heart, assures us the great central organ of the circulation is weak and flabby. The extremities are often cold in the younger people; the veins prominent and tortuous in the adult, and the elders complain of vertigo. Blanched lips and colorless cheeks are common to men as to women, while hysteria and neuralgia are to be met with under protean and abundant forms. In fine, the blood is proved to be im-

poverished, and the nervous system devoid of that well-balanced tension on which the easy and harmonious working of the whole system so mainly depends. In the children of this class, again, the teeth are no sooner developed than they begin to decay; enlarged glands protrude from the neck; the skin looks dry and parched; the hair scanty, scrubby, or withered. If we extend our inquiries, we shall find too that of the number of military recruits derived from the population of our great towns, nearly four out of five fail to come up to that standard of bodily fitness which the army medical referees are instructed to insist on.—*Lancet.*

—— Dr. Joseph Jones has received and accepted the appointment of Professor of Pathology in the Medical Department of the University of Nashville.

—— The Age of Wonders. At the Woolwich Arsenal an apparatus has been perfected, by means of which cannon balls are photographed as they issue from the mouth of the cannon, when the latter is discharged, and at different periods of their flight. The path of the projectile is not only thus ascertained, with the utmost possible precision, by means of photography, but also the time occupied in its progress between two or more points, anywhere in the course of its flight.

—— New Thermo-Electric Battery. Invented by Marcus, of Vienna. The force of this battery is derived from heat supplied by gas, the heat, in passing through the battery, which is composed of different metals in bars, being transformed into electricity without destruction of substance. The battery works a powerful magnet, and promises to be of great service.—*Med. Times and Gaz.*

—— The *American Jour. of Pharmacy* quotes the letter of Mr. George Mee, published in the *London Pharm. Journal*, in which it is recommended to secure fresh lemon juice at all seasons of the year, by the simple process of varnishing lemons with a solution of shellac in spirits of wine.

Fundus Oculi. To examine without the ophthalmoscope: Place a lamp on a table in a darkened room, place yourself between the lamp and the patient, letting the lamp shine into the eye over the right shoulder, (previously dilating the pupil with atropine.) With a lens of about two inches focus, you may see the interior of the eye very well.—*Exchange.*

—— One of the oldest women in America is a Mrs. Porch, who lives in the mountains of East Tennessee, and is aged one hundred and twenty-one years. She is blind, but, being quite hearty, walks without assistance. Her memory is unimpaired, and she can recount many of the events of the Revolution with great accuracy.

—— Dr. Charles M. Swett died of poison, at Kennebunk, Me., on Sunday night, Sept. 24th. His wife has been arrested for administering the poison.

—— The *Stanton* (*Va.*) *Spectator* says there is a negro woman on Mountain Top, near Stanton, who is one hundred and thirty years old.

—— Vaccine Virus. Soak a piece of sugar with the lymph, powder it when dry, and keep it in a well closed bottle. Apply this powder by sprinkling it on the exposed surface, with a hair-pencil. —*Braithwaite.*

Army and Navy News.

ARMY.

Promotions.—Brevet Brigadier-General R. S. Satterlee, Surgeon, U. S. A., has been appointed Chief Medical Purveyor, with the rank of Lieut.-Colonel, from July 28, 1866.

Brevet Colonels Charles McDougal, E. H. Abadie, Robert Murray, and Lieut.-Colonel Charles Sutherland, Surgeons, U. S. A, have been appointed Assistant Medical Purveyors, U. S. A., with the rank of Lieut.-Colonels, from July 28, 1866.

Assistant Surgeon. J. H. Bill, U. S. Army, to Surgeon, U. S. Army, from July 28, 1866, vice Crane, appointed Assistant Surgeon-General.

Assistant Surgeon De Witt C. Peters, U. S. Army, to Surgeon. U. S. Army, from July 28, 1866, vice Satterlee, promoted to Chief Medical Purveyor.

Assistant Surgeon C. H. Alden, U. S. Army, to Surgeon, U. S. Army, from July 28, 1866, vice McDougal, promoted to Assistant Medical Purveyor.

Assistant Surgeon Warren Webster, to Surgeon, U. S. Army, from July 28, 1866, vice Abadie, promoted to Assistant Medical Purveyor.

Assistant Surgeon John Vansant, U. S. Army, to Surgeon, U. S. Army, from July 28, 1866, vice Murray, promoted to Assistant Medical Purveyor.

NAVY.

Surgeon P. J. Horwitz, Chief of the Bureau of Medicine and Surgery, Navy Department, has gone on his yearly tour of inspection. He will be absent from Washington three or four weeks.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending September 29th, 1866:

Surgeon John S. Messersmith has been detached from the Norfolk Navy Yard, and ordered to the Philadelphia Navy Yard.

Surgeon Lewis J. Williams has been detached from the Navy Yard at Philadelphia, and ordered to the Navy Yard at Washington. D C.

Past Assistant Surgeon George H. Cooke detached from the Naval Academy, and ordered to the U. S. Ship Resaca.

MARRIED.

Chapin—Endicott.—At San Francisco, Cal., on Tuesday, September 25, 1866, Samuel F. Chapin, M. D., of Auburn, Cal., and Maria Endicott, daughter of John Endicott, of New York.

Davis—Eustis.—September 25th, by the Rev. W. A. Muhlenberg, D. D., Albert A. Davis, M. D., Resident Physician at St. Luke's Hospital, N. Y., and Mary J. Eustis, youngest daughter of the late Silas Dunham.

Furgang—Sprinkhardt.—At the Fourth Dutch Reformed Protestant Church, Albany, N. Y., October 2d, Dr. Albert G. Furgang, of East New York, and Pauline Sprinkhardt.

Houghton—Davis.—September 25th, by the Rev. Charles D. Cooper, Charles W. Houghton, M. D., and Emeline C., daughter of the late Thomas Davis, all of this city.

Knowlson—Langdon.—At Castleton, Vermont, September 25th, by Rev. Lewis Francis, Dr. John Knowlson and Miss Caroline Langdon.

Loughran—Budington.—September 13, at the residence of the bride's father, by the Rev. Z. Grenell, Jr., assisted by the Rev. C. H. Stitt, D. D., Robert Loughran, M. D., and Mary L., eldest daughter of E. W. Budington, Esq., all of Kingston, N. Y.

DIED.

Elder.—In Princetown, Schenectady county, N. Y., September 21, aged 30 years, Catherine Elder, daughter of Dr. A. Elder.

Freeman.—Suddenly, at West Farms, Conn., September 27th, Henry L., eldest son of Anne E. and Dr. Norman K. Freeman, aged 23 years, 2 months, and 16 days.

Moor.—In Hampton, N. H., September 9th, Dr. George W. Moor, aged 46.

Thompson.—Of diphtheria, September 18th, in West Brandywine, Chester county, Pennsylvania, Willie Grier, only son of Dr. N. G. and Agnes W. Thompson, in the sixth year of his age.

Wright.—In Cambridgeport, Mass., September 19, Miss Angela H., daughter of Dr. W. E. Wright, aged 25.

ANSWERS TO CORRESPONDENTS.

Dr. W. B., Lowell, Mass.—Baker Brown on Insanity is not republished in this country. It can be imported at a probable cost of $2. Bartholow on Spermatorrhœa, $1.

Dr. C. H. E., Cairo, Ill.—The Abdominal and Spinal Shoulder Brace of Banning is $20. His address, No. 11 St. Mark's Place, New York.

Dr. M. L. G., Pontiac, Mich.—We can furnish Vols. 1 to 13 of the Medical and Surgical Reporter, inclusive, at $3 per vol. bound, $2 unbound; except Vol. 12, which is $4 bound, and $3 unbound.

Dr. M. De F., Middlebury, Conn.—We know of no simpler or better method of producing local anæsthesia than that of Dr. Richardson, by means of the spray producer. The manufacturers supply them with single and double jets—the latter for tooth-extracting. Freezing mixtures applied directly to the gums have been tried, but were found to be practically useless.

METEOROLOGY.

September,	17,	18,	19,	20,	21,	22,	23,
Wind.....	S.	S. W.	S. E.	N. E.	S. W.	N. W.	N. E.
Weather.....	Clear.	Clear. Shw'r.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy. Shw'r.	Clear.	Clear.
Depth Rain.....		6-10	9-10	4-10	6-10		
Thermometer.							
Minimum.....	51°	61°	60°	63°	60°	45°	44°
At 8 A. M.....	65	71	70	70	74	56	62
At 12 M.....	74	82	73	71	81	60	62
At 3 P. M.....	77	83	83	72	82	64	62
Mean.....	60.75	74.25	71.50	69.	74.25	56.25	57.50
Barometer.							
At 12 M.....	30.2	30.	30.	30.	29.9	30.2	30.4

Germantown, Pa. B. J. Leedom.

JEFFERSON MEDICAL COLLEGE.

WINTER EXAMINATIONS.

Drs. DUNGLISON, DUER, MAURY, and KEEN, will commence their Course of Winter Instruction, in connection with the Lectures of the Jefferson Medical College, in October, at their Room, No. 1026 Chestnut Street. The Course will be thoroughly illustrated by a Cabinet of Materia Medica, Models, Plates, Drawings, the Microscope, Laryngoscope, Ophthalmoscope, etc.

Special instruction will be given to office pupils, to whom the Quiz will be gratis. Bedside instruction will also be given them in the Surgical, Obstetrical, and Children's Departments of the Philadelphia Hospital (Almshouse), during the services of Drs. Duer and Maury.

Every facility will be afforded to candidates for the Army or Navy, with a Course in Bandaging and Operative Surgery.

Inst. of Medicine and Chemistry, Dr. RICH. J. DUNGLISON.
Obstetrics and Practice.....Dr. EDW. L. DUER.
Surgery.....Dr. F. F. MAURY.
Anatomy and Materia Medica.....Dr. W. W. KEEN.

FEES:

For Office Instruction (one year)..... $100
For Winter Examinations..... 30

For further particulars, apply at their Room, No. 1026 Chestnut Street (second story), at 9, A. M., or to

RICH. J. DUNGLISON, M. D.,
No. 39 S Eleventh Street.
EDWARD L. DUER, M. D.,
No. 1704 Arch Street.
FRANK F. MAURY, M. D.,
No. 1005 Walnut Street.
WILLIAM W. KEEN, M. D.,
No. 107 S. Thirteenth Street,
Secretary.

501—504

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MEDICINE.

No. 920 Chestnut Street, Philadelphia.

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H. LENOX HODGE, M D.
EDWARD A. SMITH, M. D.
D. MURRAY CHESTON, M. D.
HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

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